



South Florida Water Management District Quarterly Pumpage Report

Form 0188

Rev. 12/01

This report must be completed and submitted to the South Florida Water Management District as required by your Permit.

Permitted System: _____ Permit No: _____

Address: _____ Phone No: _____

City: _____ State: _____ Zip: _____

Gallons Used, (MG)

Month/Year	Ground Water		Surface Water		Reclaimed	
	Total Pumped	Max Daily	Total Pumped	Max Daily	Total Pumped	Max Daily
1						
2						
3						

(Please choose one of the following.)

Accounting method: flow meter, time clock, fuel, other (Please specify on next line.)

Date of last bi-annual calibration (as required by permit):

Name of Person Completing Form:

Signature:

Date:

SEND TO:

South Florida Water Management District
Attn: Water Use 4320
Post Office Box 24680
West Palm Beach, FL 33416-4680